District or Township  Or Village.  Or Village.  Or Village.  Or Village.  Or Village.  Or Village.  No. (If birth occurred in a hospital or institution, give its NAME instead of street and number and the guplemental report, as directed and number of child. To be answered this in the street of plural births.  Sex of Child To be answered this in event of plural births.  FATHER  Full name Fraction Rodrigue  9. Residence (Usual place of abode)  11. Age at last birthday 39 (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  Mine Village.  (a) Born alive and now living for place industry  (b) Born alive but now dead. Sec. (1) When there was no attending physician or roidedle, then the father, beyseloider or silliborn.)  Signature.  State Arge.  4. When there was no attending physician or silliborn.)	AF	RIZONA STATE BO BUREAU OF VITA STANDARD GERTIFI	L STATISTICS	TH State File No. 138  Registered No. 114
District or Township  City. **Tlock**  No. (If birth occurred in a hospital or institution, give its NAME instead of street and number.  2. Full name of child **Doming Reducing**  3. Sea of Child To be answered Obity in event of plural births.  5. No., in order of birth for the plural births.  8. FATHER  Full name **Judico Rodrigue**  9. Residence (Suand place of abode)  If non-resident, give place and state.  10. Color or race  Muhan 11. Age at last birthday 39 (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of Industry **Mine of child herein city is child, who was a stending physician or midwile; then the fatter, houseliborn is child, who was a stending physician or midwile; then the fatter, houseliborn is considered.  *When there was no attending physician or midwile; then the fatter, houseliborn is considered.  *When there was no attending physician or midwile; then the fatter, houseliborn is considered.  *When there was no attending physician or midwile; then the fatter, houseliborn is considered.  *Signature.  5. Signature.  6. Legitimate?  7. Date of birth Many 12. 12.  MOTHER  Full name ## House ## North Many 12. 14.  *When there was no attending physician or recent in the house ## P. m. on the date above state.  *When there was no attending physician or midwile; then the fatter, houseliborn.  *Signature.  **When there was no attending physician or midwile; then the fatter, houseliborn.  **Signature.  **Signature.  **Signature.  **Juntation as hospital or institution, give in Ambitiution, give in NAME institution, give in Ambitiution, give in Ambitiution and house supplies of the supplies of the supplies of the suppli	Tila		a	
Sty Sloke  No (If birth occurred in a hospital or institution, give its NAME instead of street and numbers and particularly as directed in a hospital or institution, give its NAME instead of street and numbers.  If child is not yet named, make supplemental report, as directed in a work of plural births.  See of Child In event of plural in event of plural births.  FATHER  14. The MOTHER  Full name Fudnice Rodrigue.  9. Residence (Usual place of abode)  If non-resident, give place and state.  15. Residence (Usual place of abode)  If non-resident, give place and state.  16. Color or race  17. Date of birth May 12, 122  MOTHER  Full manded name for the place of abode)  If non-resident, give place and state.  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Nature of industry  (State or country)  10. Occupation  Nature of industry  (State or country)  11. Age at last birthday 32 (Years)  (State or country)  12. Number of children of this mother for the mother of the state of the birth of child herein continuing this child.  (Stillborn.  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES  (For a live or stillborn.)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES  (Born alive or stillborn.)  Signature.  Signature.  Signature.  Signature.  Signature.  Signature.  Signature.  Signature.  Signature.				
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	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breather nor shows other evidence of life after birth.	Signature	Dhaire	m, D
Given name added from	Given name added from	Addrass I	lobe ani	(Physician or midwife).
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